

03-26-01

A/re

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	6144.10
First Named Inventor	Detwiler et al.
Original Patent Number	5,684,289
Original Patent Issue Date (Month/Day/Year)	11/4/97
Express Mail Label No.	EK215688621US

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney (PTO/SB/96)

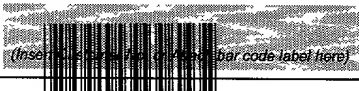
ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) - two
- Other: Offer to Surrender

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐ Correspondence address below

Name

26884

Address

PATENT TRADEMARK OFFICE

City

State

Zip Code

Country

US

Telephone

937-445-2990

Fax

937-445-8394

NAME (Print/Type)

Paul W. Martin

Registration No. (Attorney/Agent)

34870

Signature

Date

3/23/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.


03/23/01

1033 U.S. PTO

09/815882

03/23/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 6144.10		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 35	Total Claims (37 CFR 1.16(j))	(B) 35	**** 0 =	x \$ _____ =		or	x \$ 18 = 0	
(C) 12	Independent claims (37 CFR 1.16(i))	(D) 12	* 0 =	x \$ _____ =			x \$ 80 = 0	
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 710	
Total Filing Fee \$ _____						OR	\$ 710	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 58	MINUS	** 35	* = 23	x \$ _____ =		x \$ 18 = 414	
Independent Claims (37 CFR 1.16(i))	*** 23	MINUS	***** 12	= 11	x \$ _____ =		x \$ 80 = 880	
Total Additional Fee \$ _____						OR	\$ 1,294	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>14-0225</u> in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>14-0225</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>MAR 23 2001 Date</p> </div> <div style="width: 45%; text-align: center;">  Signature of Applicant, Attorney or Agent of Record Paul W. Martin Typed or printed name </div> </div>								

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: NCR Corporation
Application No./Patent No.: 5,684,289 Filed/Issue Date: 11/4/97
Entitled: OPTICAL SCANNER HAVING ENHANCED ITEM SIDE COVERAGE
NCR Corporation, a corporation,
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Detwiler et al. To: AT&T Global Information Solutions Company
The document was recorded in the United States Patent and Trademark Office at Reel 7759, Frame 0422, or for which a copy thereof is attached.
2. From: AT&T Global Information Solutions Company To: NCR Corporation
The document was recorded in the United States Patent and Trademark Office at Reel 8047, Frame 0429, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

3/22/01
Date

Douglas S. Foote
Typed or printed name
Douglas S. Foote
Signature
Law Vice President
Title